



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: FRANCISCAN HEALTHCARE – MUNSTER

City of Hospital: Munster

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2017 (mm/dd/yyyy format)

Person Completing the Report: Heidi Colee

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Medicare Provider Number: 150165

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$99334087
Outpatient Patient Service Revenue	\$205473493
Total Gross Patient Service Revenue	\$304807580

2. Deductions From Revenue

Contractual Allowance	\$218424920
Other Deductions	\$5205692
Total Deductions	\$223630612

3. Total Operating Revenue

Net Patient Service Revenue	\$81176968
Other Operating Revenue	\$3303483
Total Operating Revenue	\$84480451

4. Operating Expenses

Salaries and Wages	\$24477533	Employee Benefits	\$6436614
Depreciation and Amortization	\$6313969	Interest Expense	\$-643643
Bad Debt	\$2397182	Other Expenses	\$34464918
Total Operating Expenses	\$73446573		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$7033878	Total Assets	\$295621808
Net Non-operating Gains over Loss	\$43962813	Total Liabilities	\$251658995

Total Net Gains	\$50996691
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$136467541	\$112998094	\$23469447
Medicaid	\$33788817	\$27876851	\$5911966
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$134551222	\$77549975	\$57001247
Total	\$304807580	\$218424920	\$86382660

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement
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Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1250047	
HCI Payments	\$0		
Subtotal	\$0	\$1250047	\$-1250047
Medicaid Shortfalls	\$5281345	\$8088781	
Subtotal	\$5281345	\$9338828	\$-4057483
DSH Payments	\$0		
Subtotal	\$5281345	\$9338828	\$-4057483
Medicare Shortfalls	\$24586906	\$32840072	
Other Government Programs	\$0	\$0	
Total	\$29868251	\$42178900	\$-12310649

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$187840	\$-187840
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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